

Fill in this information to identify your case:

Debtor 1 IHAROLD C. VINES
 First Name Middle Name Last Name
 Debtor 2 PATRICIA H. VINES
 (Spouse, if filing) First Name Middle Name Last Name
 United States Bankruptcy Court for the: BALTIMORE District of MARYLAND
 Case number 18-22053 (If known)

FILED

2018 OCT 22 PM 1:11

U.S. BANKRUPTCY COURT
DISTRICT OF MARYLAND
BALTIMORE☒ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☒ No. Go to Part 2.~~Yes.~~

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
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2.1

CAPITALONE
 Priority Creditor's Name
PO BOX 71053
 Number Street
CHARLOTTE NC

City State ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 9798 \$ 57995 sWhen was the debt incurred? ongoing

As of the date you file, the claim is: Check all that apply.

☐ Contingent☒ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☐ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other: Specify _____

2.2

WF Flooring
 Priority Creditor's Name
PO BOX 4517
 Number Street
BESMINE J A 50306

City State ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 3337 \$ 7000.00 s

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent☒ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☐ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other: Specify _____

HAROLD C.

First Name	Middle Name
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Last Name

Case number (if known)

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

[illegible]

CreditFirst
Priority Creditor's Name

PO Box 81410
Number Street

CLEVELAND OH 44101
City State ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 6 0 7 1 \$ 730.00 \$

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☒ Unliquidated

☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations

☐ Taxes and certain other debts you owe the government

☐ Claims for death or personal injury while you were intoxicated

☐ Other. Specify _____

Debtor 1

IHAROLD C. VINES
First Name Middle Name Last Name

Case number (if known):

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☒ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☐ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1

BT'S
 Nonpriority Creditor's Name
PO Box 69834
 Number Street
San Antonio TX 78265
 City State ZIP Code

Last 4 digits of account number 3617

Total claim

\$ 4976.41

When was the debt incurred? _____

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt**Is the claim subject to offset?**

- ☐ No
☐ Yes

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

4.2

CREDIT ONE BANK
 Nonpriority Creditor's Name
 Number Street
 City State ZIP Code

Last 4 digits of account number 0691\$ 1900.00

When was the debt incurred? _____

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt**Is the claim subject to offset?**

- ☐ No
☐ Yes

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

4.3

SYNCHRONY BANK
 Nonpriority Creditor's Name
PO Box 41021
 Number Street
NORFOLK VA 23541
 City State ZIP Code

Last 4 digits of account number _____

\$ 1000.00

When was the debt incurred? _____

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt**Is the claim subject to offset?**

- ☐ No
☐ Yes

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

Debtor 1 I HAROLD C. VINES
 First Name Middle Name Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

Wells Fargo Bank
 Nonpriority Creditor's Name
PO Box 660 533
 Number Street
Dallas TX 75206
 City State ZIP Code

Last 4 digits of account number 6582\$ ~~20,000.00~~
20,000.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

HCV
HOOPER KEY
 Nonpriority Creditor's Name
PO Box 517
 Number Street
DEMING LA 50300
 City State ZIP Code

Last 4 digits of account number unknown\$ 9000When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

OASH Net U.S.A.
 Nonpriority Creditor's Name
175 W JACKSON BLVD
 Number Street
CHICAGO IL 60604
 City State ZIP Code

Last 4 digits of account number 3532\$ 1200.00When was the debt incurred? 1996/1997

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Fill in this information to identify your case:

Debtor 1 HAROLD C. VINES
 First Name Middle Name Last Name
 Debtor 2 PAULICIA H. VINES
 (Spouse, if filing) First Name Middle Name Last Name
 United States Bankruptcy Court for the Baltimore District of MARYLAND
 Case number 18-22053
 (If known)

Check if this is:

- ☒ An amended filing
☐ A supplement showing postpetition Chapter 13 expenses as of the following date

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.☒ Yes. Does Debtor 2 live in a separate household?☒ No☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

☒ No☐ Yes. Fill out this information for each dependent.....

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

☐ No
☐ Yes☐ No
☐ Yes☐ No
☐ Yes☐ No
☐ Yes☐ No
☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1985.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 350.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 100.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 100.00

4d. Homeowner's association or condominium dues

4d. \$ 100.00

Debtor 1

HAROLD C VINES
 First Name Middle Name Last Name

Case number (if known)

18-22053

Your expenses

- | | |
|---|---------------------------------------|
| 5. Additional mortgage payments for your residence, such as home equity loans | 5. \$ _____ |
| 6. Utilities: | |
| 6a. Electricity, heat, natural gas | 6a. \$ <u>350.00</u> |
| 6b. Water, sewer, garbage collection | 6b. \$ <u>30.00</u> |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ <u>260.00</u> |
| 6d. Other. Specify: <u>Landline</u> | 6d. \$ <u>35.00</u> |
| 7. Food and housekeeping supplies | 7. \$ <u>340.00</u> |
| 8. Childcare and children's education costs | 8. \$ <u>-0-</u> |
| 9. Clothing, laundry, and dry cleaning | 9. \$ <u>70.00</u> |
| 10. Personal care products and services | 10. \$ <u>20.00</u> |
| 11. Medical and dental expenses | 11. \$ <u>50.00</u> |
| 12. Transportation. Include gas, maintenance, bus or train fare.
Do not include car payments. | 12. \$ <u>160.00</u> |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ <u>30.00</u> |
| 14. Charitable contributions and religious donations | 14. \$ <u>500.00</u> |
| 15. Insurance.
Do not include insurance deducted from your pay or included in lines 4 or 20. | |
| 15a. Life insurance | 15a. \$ _____ |
| 15b. Health insurance | 15b. \$ _____ |
| 15c. Vehicle insurance | 15c. \$ <u>220.00</u> |
| 15d. Other insurance. Specify: _____ | 15d. \$ _____ |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.
Specify: _____ | 16. \$ _____ |
| 17. Installment or lease payments: | |
| 17a. Car payments for Vehicle 1 | 17a. \$ <u>-0-</u> |
| 17b. Car payments for Vehicle 2 | 17b. \$ <u>-0-</u> |
| 17c. Other. Specify: _____ | 17c. \$ <u>-0-</u> |
| 17d. Other. Specify: _____ | 17d. \$ _____ |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. \$ <u>-0-</u> |
| 19. Other payments you make to support others who do not live with you.
Specify: _____ | 19. \$ <u>-0-</u> |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | |
| 20a. Mortgages on other property | 20a. \$ <u>-0-</u> |
| 20b. Real estate taxes | 20b. \$ <u>200.00 0.00</u> |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ <u>100.00 0</u> |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ <u>0</u> |
| 20e. Homeowner's association or condominium dues | 20e. \$ <u>-0-</u> |

Debtor 1

HAROLD VINES
 First Name Middle Name Last Name

Case number (if known)

18 22053

21. Other. Specify: _____

21. +\$ _____

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ 4110.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ 0

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ 4110.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 5200.00

23b. Copy your monthly expenses from line 22c above.

23b. -\$ 4110.00

23c. Subtract your monthly expenses from your monthly income.
 The result is your monthly net income.

23c. \$ 1090.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.☒ Yes.

Explain here:

Cost of living going up, and we are
 on a fixed income

Fill in this information to identify your case:

Debtor 1 HAROLD VINE
 First Name Middle Name Last Name

Debtor 2 PATRICIA VINE
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number _____
 (If known)

☒ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

x Harold Vine
 Signature of Debtor 1

x Patricia Vine
 Signature of Debtor 2

Date _____
 MM / DD / YYYY

Date _____
 MM / DD / YYYY